

| Index of Claims | | Application/Control No. | | Applicant(s)/Patent under Reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Blankenship, Greg | | 3612 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> | Rejected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Cancelled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p><input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">CLAIM</th> <th colspan="5" style="text-align: center;">DATE</th> </tr> </thead> <tbody> <tr><td>Final</td><td>Original</td><td>10/16/06</td><td></td><td></td><td></td></tr> <tr><td>7</td><td>2</td><td>7</td><td>=</td><td></td><td></td></tr> <tr><td>8</td><td>3</td><td>8</td><td>=</td><td></td><td></td></tr> <tr><td>9</td><td>1</td><td>13</td><td>=</td><td></td><td></td></tr> <tr><td>10</td><td>14</td><td>14</td><td>=</td><td></td><td></td></tr> <tr><td>11</td><td>4</td><td>15</td><td>=</td><td></td><td></td></tr> <tr><td>12</td><td>5</td><td>16</td><td>=</td><td></td><td></td></tr> <tr><td>13</td><td>6</td><td>17</td><td>=</td><td></td><td></td></tr> <tr><td>14</td><td>7</td><td>18</td><td>=</td><td></td><td></td></tr> <tr><td>15</td><td>8</td><td>19</td><td>=</td><td></td><td></td></tr> <tr><td>16</td><td>9</td><td>20</td><td>=</td><td></td><td></td></tr> <tr><td>17</td><td>10</td><td>21</td><td>=</td><td></td><td></td></tr> <tr><td>18</td><td>11</td><td>22</td><td>=</td><td></td><td></td></tr> <tr><td>19</td><td>12</td><td>23</td><td>=</td><td></td><td></td></tr> <tr><td>20</td><td>13</td><td>24</td><td>=</td><td></td><td></td></tr> <tr><td>21</td><td>14</td><td>25</td><td>=</td><td></td><td></td></tr> <tr><td>22</td><td>15</td><td>26</td><td>=</td><td></td><td></td></tr> </tbody> </table> | | | | | | CLAIM | DATE | | | | | Final | Original | 10/16/06 | | | | 7 | 2 | 7 | = | | | 8 | 3 | 8 | = | | | 9 | 1 | 13 | = | | | 10 | 14 | 14 | = | | | 11 | 4 | 15 | = | | | 12 | 5 | 16 | = | | | 13 | 6 | 17 | = | | | 14 | 7 | 18 | = | | | 15 | 8 | 19 | = | | | 16 | 9 | 20 | = | | | 17 | 10 | 21 | = | | | 18 | 11 | 22 | = | | | 19 | 12 | 23 | = | | | 20 | 13 | 24 | = | | | 21 | 14 | 25 | = | | | 22 | 15 | 26 | = | | |
| CLAIM | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final | Original | 10/16/06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 | 1 | 13 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11 | 4 | 15 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 5 | 16 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 6 | 17 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18 | 11 | 22 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 12 | 23 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 13 | 24 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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